

**IN THE TRIBAL DISTRICT COURT
OF THE PRAIRIE BAND POTAWATOMI NATION
11444 158TH ROAD, MAYETTA, KS, 66509**

Petitioner

Case No. _____

vs.

COMPLAINT FOR **PATERNITY**
 CHILD CUSTODY
 VISITATION
 CHILD SUPPORT

Respondent

GENERAL INFORMATION:

1. Information about me, the Petitioner

Name: _____

Address: _____

Work Phone Number: _____ Home Phone Number: _____

Date of Birth: _____ Social Security Number: _____

I am Native American and an enrolled member of the _____ tribe.

I am not a Native American.

2. Information about the Respondent

Name: _____

Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Respondent is Native American and an enrolled member of the _____ tribe.

Respondent is not Native American.

Occupation, place of employment: _____

The Respondent's relationship to child(ren) for whom I want the paternity order:

Mother Alleged Father

3. Why am I filing this Court Case in Prairie Band Potawatomi Tribal District Court against the Respondent? (check one or more boxes that are true)

the minor child(ren) are a member or are eligible for membership with the Prairie Band Potawatomi Nation.

The Respondent is a member of the Prairie Band Potawatomi;

The Respondent is a resident of the Prairie Band Potawatomi Reservation;

The Respondent agrees to have the case heard here and will file written papers in the court case;

The Respondent lived with the child(ren) in this jurisdiction at some time;

The Respondent signed a birth certificate.

4. The minor child(ren) currently reside with alleged father mother both other: _____

5. Information about the child(ren) for whom I want a paternity, custody, etc., order:

Name: _____ Name: _____

Social Security No.: _____ Social Security No.: _____

Birth date: _____ Birth date: _____

Current Address: _____ Current Address: _____

Father: _____ Father: _____

Mother: _____ Mother: _____

Name: _____ Name: _____
 Social Security No.: _____ Social Security No.: _____
 Birth date: _____ Birth date: _____
 Current Address: _____ Current Address: _____

 Father: _____ Father: _____
 Mother: _____ Mother: _____

Child(ren) are:

Native American and an enrolled member of the _____ tribe.

NOTE: Please submit copies of CDIB cards.

Not Native American.

STATEMENTS ABOUT PATERNITY:

6. **Why you think the person is the father of the child(ren):** (check which box applies)

Affidavit: Petitioner and Respondent signed an Affidavit of Paternity acknowledging that Petitioner

Respondent is the child(ren)'s natural father. **A copy is attached.**

Birth Certificate: _____ is named as the natural father on each of the child(ren)'s birth certificate(s), which have been signed by both parties. **A copy is attached.**

Blood Test: The parties had DNA (Deoxyribonucleic Acid) Testing administered and (name of father) _____ is shown to be the minor child(ren)'s natural father. **A copy is attached.**

Parties Living Together: Petitioner and Respondent were not married to each other at any time during the ten months before birth of the child(ren). However, the parties lived together during the period(s) when the child(ren) could have been conceived.

Sexual Intercourse: Petitioner and Respondent were not living together but had sexual intercourse at the probable date of conception of the child(ren). The mother of the children did not have sexual intercourse with anyone else during the period in which the child(ren) could have been conceived.

Other: (explain) _____

NOTE: YOU MUST SUBMIT ALL DOCUMENTATION ASKED FOR OR YOUR PETITION WILL BE CONSIDERED INCOMPLETE AND NO FURTHER ACTION WILL BE TAKEN.

7. **ABOUT MARRIAGE AND HUSBAND** (if applicable, check one box.)

Mother was not married at the time child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, OR

Mother was married when child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, but husband is not father of child(ren). Husband is a party to this court case because of marriage.

OTHER INFORMATION ABOUT THE CHILDREN:

1. **COURT CASES INVOLVING CUSTODY OR VISITATION RELATED TO THE CHILDREN UNDER 18 YEARS OLD.** To the best of my knowledge, there are no other court cases pending regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders.

Check this box if this statement is true. If it is not true, do not check the box, do not file this paperwork and see an attorney for assistance.

OTHER STATEMENTS TO THE COURT:

10. **MEDICAL EXPENSES:** There are or There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to Petitioner or Respondent according to law.
11. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonable incurred for the minor child(ren), in proportion to their respective incomes.
12. **DOMESTIC VIOLENCE:** ((check here if you are asking for joint custody.)
 Domestic violence has not occurred between the parties. **OR**
 Domestic violence has occurred but it has not been significant. Explain why joint custody is still in the best interest of the child(ren) even though domestic violence has occurred .
13. **VENUE:** (check here if the following statement is true):
 This is the proper court to bring this action under the Prairie Band Potawatomi Law and Order Code because it is the residence of the Petitioner, or the Respondent, or the child(ren) and
 Petitioner is Native American and an enrolled member of _____ Tribe;
 Respondent is Native American and an enrolled member of _____ Tribe;
 Child(ren) are Native Americans and enrolled members of _____ Tribe.

REQUESTS I MAKE TO THE COURT:

- A. **PATERNITY:** Order that (name of father) _____ is the natural father of the minor children;
- B. **BIRTH CERTIFICATE:** (check the box and fill in the blank if you want this): Order that (name of father) _____ be added to each child's birth certificate;
- C. **LAST NAME:** (check the box and fill in the blank if you want this): Order that each child's last name be changed to the last name of _____;
- D. **CUSTODY OF CHILD(REN):**
1. **Joint Custody:** Petitioner and Respondent agree to act as joint custodians of the child(ren) and with visitation as indicated below. There have been no significant acts of domestic violence by either parent.
2. **Sole Custody:** Sole custody of the minor child(ren) to Petitioner or Respondent, subject to the visitation as indicated below.
3. **VISITATION:**
- a. Reasonable visitation rights to the Respondent. **OR**
- b. Supervised visitation between the children and the Respondent, (explain here reasons for supervised visits): _____

Person to supervise: _____; **OR**
- E. **CHILD SUPPORT:** Order that child support shall be paid by (check one box) Petitioner or Respondent in a reasonable amount as determined by the Court. Support payments shall begin on the first day of the first month following the entry of the Paternity Decree/Order. Further, that costs for past child support and care

for child(ren) in the amount of \$_____ shall be paid by [] Petitioner or [] Respondent in the amount of \$_____ each month until paid in full. Payments shall be made as stated above.

F. EXPENSES OF MOTHER: Order that [] Petitioner or [] Respondent pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).

G. HEALTH, MEDICAL AND DENTAL INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN: Order that [] Petitioner or [] Respondent shall pay for health, medical, dental insurance coverage for the children under the age of 18 years, and that the Petitioner and Respondent shall pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes.

H. TESTING and COSTS: Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity; costs for the filing each child's birth certificate; attorney fee's, and court costs be assessed to Respondent and for any further relief which is deemed just and equitable.

I. OTHER ORDERS I AM REQUESTING (explain here): _____

Signature of Petitioner

Printed name of Petitioner

Address

OATH AND VERIFICATION

STATE OF _____)
COUNTY OF _____) ss

I, the Petitioner, being duly sworn and under oath, state that I have read this Complaint/Petition. All the statements in the Complaint/Petition are true, correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this ___ day of _____, 20_____.

[seal]

Notary Public
My Commission Expires: _____

A \$100.00(non-refundable) Filing Fee plus applicable services fees are due upon filing of this Petition.

**IN THE TRIBAL DISTRICT COURT
OF THE PRAIRIE BAND POTAWATOMI NATION
11444 158TH ROAD, MAYETTA, KS, 66509**

Name of Petitioner

Case Number: _____

v

MOTION FOR TEMPORARY ORDERS WITH CHILDREN

Name of Respondent

Check all that apply:
 For Spousal Support
 For Property and/or Debt
 For Child Custody/Visitation
 For Child Support
 Other: _____

REQUIRED INFORMATION, UNDER OATH:

2. **INFORMATION ABOUT THE PETITION FOR DISSOLUTION/PETITION FOR PATERNITY.** (You cannot file a Petition for Temporary Orders unless you or your spouse have filed or will file at the same time you file this paperwork all the paperwork for a divorce or paternity petition)
- A. Date Petition for Dissolution of Marriage/Petition for Paternity was filed: _____
- B. Name of Court where Petition was filed: _____

3. **INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. **Check this box if this statement is true. If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.**

THIS IS WHAT I WANT THE COURT TO ORDER: Check the box in front of each item that you want. If you do not want the court to enter an order for that item, do not check the box.

4. **SPOUSAL SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal support as determined by the Affidavit of Financial Information I am submitting with this Petition.
5. **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me and for our children, at no cost to me, OR to pay all the medical and dental expenses reasonably incurred by me for myself and our minor children.
6. **PROPERTY:** An order granting the exclusive use and possession of the following property:
- A. To me (list property):

- B. To my spouse (list property):

7. **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):

A. Debts to be paid by me:
DEBT

AMOUNT

TO WHOM OWED

B. Debts to be paid by spouse:
DEBT

AMOUNT

TO WHOM OWED

8. INFORMATION ABOUT OUR CHILD(REN):

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date: _____
Address: _____
Father: _____
Mother: _____

9. CHILD CUSTODY: The temporary care, custody and control of the minor child(ren) common to or adopted by me and my spouse is to be awarded to me (Petitioner) OR TO my spouse (Respondent).

10. Children currently reside with (List length of time and circumstances): Petitioner Respondent **OR** Other (name and address) _____

11. VISITATION: Temporary visitation with the child(ren) as follows (be specific):

Transportation. Mother or Father shall pick up the child(ren).
 Mother or Father shall return the child(ren).

WEEKENDS (explain specifically) _____

SUMMER MONTHS (explain specifically) _____

HOLIDAYS AND BIRTHDAYS (explain specifically) _____

TELEPHONE CALLS (explain specifically) _____

[] **OTHER:** (explain specifically) _____

12. [] **CHILD SUPPORT:** An order requiring my spouse to pay me a reasonable sum for child support as determined by the current guidelines for child support in the amount of \$_____ per month.

13. [] **BASIS FOR REQUEST:** (check the box if you want child support, spousal support, or medical insurance premiums paid or reimbursed.) This request is based on the best interests of the minor child(ren), and/or on my inability to support the minor child(ren) and/or my self or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support for the family.

14. [] **OTHER REASONS AND/OR REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order): _____

REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting for what I requested
2. For any other orders of the Court that are just.

OATH AND VERIFICATION:

State of Kansas)
County of _____) ss.

I, being duly sworn and under oath, state that I have read this Motion. All the statements in the Motion are true and correct and complete to the best of my knowledge and belief.

Signed: _____

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Notary Public: _____

[seal]

My Commission Expires: _____